				SION OF HEALTH - STANDARD	1/1/1	. ^ .	=(	<b>52-04</b>	8231		
DO NOT WRITE AMENDED Registration District No											
VS 300	<u>                                    </u>		_	I. PLACE OF DEATH , a. COUNTY		2. USUAL RESIDENCE a. STATE MO.	(Where deceased lived b. COUNTY	d. If institution:	Residence before admission)		
Rev. 4/59	AENDED		ľ	b. CITY (If outside corporate limits, give TOWNSHIP only, OR TOWN St. Louis	Length of stay in 1b 24 days	c. CITY OR TOWN St.	Louis		Inside Limits Yes № No □		
2 2	<b>D</b> ATE AM		.	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.	Inside Limits Yes No 🗆	d STREET	-N. Boyle	ive location)	Reside on Farm Yes □ No X		
$\frac{2}{3}$	1 2 A		.   :	3. NAME OF DECEASED First (Type of orint)	Middle	Alpera 4	DATE Mon	1 <b>2</b> 9-62	Year		
4 <i>j</i>					rried Never Married Dowed Divorced	8. DATE OF BIRTH 9.	,	IF UNDER 1 YEAR	R IF UNDER 24 HR Hours Min.		
5 .2	- NS				ND OF BUSINESS OR INDUSTR		and state or country)	12. CITIZEN OF	WHAT COUNTRY		
7 0	FOLLO			John Unk.	136. MOTHER'S MAIDEN NAM Mary	NE .		usband or wife per, dece	•		
8 /	E AS			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	Mrs Mable	Glenvill	ddress 903	-6 th St		
10	ZD ARE	1 1	OCUMENT	18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eperation x	meumon	itis	100	NTERVAL BETWEEN INSET AND DEATH		
11 12 7/ 10	RECORD EAD OF		DOCU	Conditions, if any, ) DUE TO (b)	Hominal c	arainom	atosis	due.	5 years		
12 76 - 0 13	THIS REC			which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	to admos	carcinome	, of uter	us	· · · · · · · · · · · · · · · · · · ·		
9/	NO I			PART II. OTHER SIGNIFICANT CONDITION disease condition given in PART I		TH but not related to the	e terminal PART I	II. If deceased there a pregna	was female was ency in last 90 days		
/6	MENTS		CERTIFICAT		ICIDE ZOB. DESCRIBE HO	DW INJURY OCCURRED. (Er	nter nature of injury in	PART I or PART I			
Z	AMENDM			20c. TIME OF Hour Month, Day, Year				<del></del>			
USE BLACK INK OR PEWRITER RIBBON				p.m.  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJU	RY (e.g., in or about home, reet, office bldg., etc.)	20f. CITY, TOWN, OR LO	CATION	COUNTY	STATE		
ACK DR L	READ			NOT WHILE AT WORK [] 11-15-62		2-9-62 and la	st saw her alive on	12-9-62	?		
: BL. K				21. I attended the deceased from 2:45 peath occurred at 2:45 p	O.M. m on th	ne date stated above, and	· •				
USE BLACK OR TYPEWRITER	SHOULD		VIT OF	Mawn G. Fingerhoo	& M.D.	5800 Ars	enal Sti	rect	22c. DATE SIGNED		
•	Ö.		AFFIDAV	23a. BURIAL, CREMATION, REMOVAL (Specify)  Burial  23b. DATE  23c.  23c.  23c.  23c.  23c.	NAME OF CEMETERY OR CRI		LOCATION (City, town		(State)		
	ITEM I		BY AF	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	25. DA	TE RECO. BY LOCAL REG. 1962	REGISTRAR'S A	ith.	Y. D.		

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## STATEMENT BY LICENSED EMBALMER

	I hereb	by certify that the body whose nam	e is recorded on the reverse side	e of this certificate was embalmed by me,	
, (	or by		_, Student Embalmer No		
	_	my personal supervision.	Dronei Williamson		
;	Student	Signature of Student Embalmer	Signed -	Licensed Embalmer No. 3565	
12.46	· T	50-0-5 <u>5</u>	10 yaara <i>si</i>	P. O. Address 38 40 Juidell	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above:

frin: